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Bib Data Sheet

CONFIRMATION NO. 6776

|   |  |                               |   |   |
|---|--|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/084,106  | <b>FILING DATE</b><br>02/27/2002<br><b>RULE</b>  | <b>CLASS</b><br>725           | <b>GROUP ART UNIT</b><br>2611   | <b>ATTORNEY DOCKET NO.</b><br>SNY-R4976 |
| <b>APPLICANTS</b><br>Robert Allan Unger, El Cajon, CA;  |  |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/296,673 06/06/2001<br>AND CLAIMS BENEFIT OF 60/304,241 07/10/2001<br>AND CLAIMS BENEFIT OF 60/304,131 07/10/2001<br>AND CLAIMS BENEFIT OF 60/343,710 10/26/2001                            |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/18/2002</b>  |  |                               |   |   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>51               |
| <b>INDEPENDENT CLAIMS</b><br>7  |  |                               |   |   |
| <b>ADDRESS</b><br>24337   |  |                               |   |   |
| <b>TITLE</b><br>Reconstitution of program streams split across multiple program identifiers   |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1634  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |